

# MIDLAND PLANT/LIFTING INSPECTIONS LTD

5 King Street, Quarry Bank, West Midlands, DY5 2DH

<b>REPORT OF THOROUGH EXAMINATION OF LIFTING EQUIPMENT</b> This report complies with the requirement of the Lifting Operations and the Lifting Equipment Regulation 1998			
DATE OF EXAMINATION: 19/02/2025		DATE OF REPORT: 20/02/2025	
		REPORT No: MPL 0152C	
<b>Address of employer for whom the thorough examination was made:</b>  STAGE BUS MUCKLOW HILL HALESOWEN B62 8EP		<b>Address of premises at which the examination was made:</b>  STAGE BUS MUCKLOW HILL HALESOWEN B62 8EP	
<b>Name:</b>			
<b>Description &amp; Identification of the Equipment</b>  1-OFF TRUCK STAGE 8M X 5M FITTED TO VEHICLE VOLVO F7  I.D. NO: 004  REG NO: FKK 677V		<b>Safe Working Load(s)</b>  5000KG  EVENLY  DISTRIBUTED	<b>Date of Manufacture if Known</b>  N/K
		<b>Date of Last Thorough Examination</b>  19-2-2024	
YES NO Is this the first examination after the installation <input type="checkbox"/> <input checked="" type="checkbox"/>		YES NO Was the examination carried out:	
Or after assembly at the new site or location <input type="checkbox"/> <input checked="" type="checkbox"/>		Within an interval of 6 months <input type="checkbox"/> <input type="checkbox"/>	
If the answer to above question is YES <input type="checkbox"/> <input type="checkbox"/>		Within an interval of 12 months <input checked="" type="checkbox"/> <input type="checkbox"/>	
Has the equipment been installed correctly <input type="checkbox"/> <input type="checkbox"/>		In accordance with the examination Scheme <input type="checkbox"/> <input type="checkbox"/>	
		After the occurrence of exceptional circumstances <input type="checkbox"/> <input type="checkbox"/>	
Identification of any part found to have a defect which is or could become a danger to persons and a description of the defect  NONE			
Is the above an existing or imminent danger to persons *NOTE- This is a reportable defect:		YES NO <input type="checkbox"/> <input checked="" type="checkbox"/>	
Is the above a defect which is not yet but could become a danger to persons: (if yes state the day)		YES BY: <input type="text"/> NO <input type="checkbox"/> <input checked="" type="checkbox"/>	
Particulars of any repair, renewal or alteration required to remedy the defect identified above:  NONE			
Particulars of any tests carried out as part of the examination: (if none state NONE) *RECOMMENDED TO BE INSPECTED ON A SIX MONTHLY BASIS THOROUGH VISUAL LOLER EXAMINATION ONLY			
<b>IS THE EQUIPMENT SAFE TO OPERATE:</b>		YES NO <input checked="" type="checkbox"/> <input type="checkbox"/>	
Name of Company Approved and Qualified Examiner making this report:  D. TRANTER/ S. BRAY	Name of Person Authenticating this report:  Signature: D TRANTER	Latest date by which next thorough examination must be carried out:  19/02/2026	
<b>E.C. DECLARATION OF CONFORMITY ON FILE AVAILABLE UPON REQUEST</b>			
Name and address of employer of persons making and authenticating this report as per the header above			

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5 King Street, Quarry Bank, West Midlands, DY5 2DH

<b>REPORT OF THOROUGH EXAMINATION OF LIFTING EQUIPMENT</b> This report complies with the requirement of the Lifting Operations and the Lifting Equipment Regulation 1998			
DATE OF EXAMINATION: 19/02/2025		DATE OF REPORT: 20/02/2025	
		REPORT No: MPL 0152D	
<b>Address of employer for whom the thorough examination was made:</b>  STAGE BUS MUCKLOW HILL HALESOWEN B62 8EP		<b>Address of premises at which the examination was made:</b>  STAGE BUS MUCKLOW HILL HALESOWEN B62 8EP	
<b>Name:</b>			
<b>Description &amp; Identification of the Equipment</b>  1-OFF PORTABLE TRANSPORTATION TRAILER  I.D. NO: 5158 (007)		<b>Safe Working Load(s)</b>  2600KG	<b>Date of Manufacture if Known</b>  N/K
		<b>Date of Last Thorough Examination</b>  19-2-2024	
YES NO Is this the first examination after the installation <input type="checkbox"/> <input checked="" type="checkbox"/>		YES NO Was the examination carried out:	
Or after assembly at the new site or location <input type="checkbox"/> <input checked="" type="checkbox"/>		Within an interval of 6 months <input type="checkbox"/> <input type="checkbox"/>	
If the answer to above question is YES		Within an interval of 12 months <input checked="" type="checkbox"/> <input type="checkbox"/>	
Has the equipment been installed correctly <input type="checkbox"/> <input type="checkbox"/>		In accordance with the examination Scheme <input type="checkbox"/> <input type="checkbox"/>	
		After the occurrence of exceptional circumstances <input type="checkbox"/> <input type="checkbox"/>	
Identification of any part found to have a defect which is or could become a danger to persons and a description of the defect  JOCKEY WHEEL AND HAND BRAKE REQUIRE ATTENTION			
Is the above an existing or imminent danger to persons *NOTE- This is a reportable defect:		YES NO <input type="checkbox"/> <input checked="" type="checkbox"/>	
Is the above a defect which is not yet but could become a danger to persons: (if yes state the day)		YES BY: <input type="text"/> NO <input type="checkbox"/> <input checked="" type="checkbox"/>	
<b>Particulars of any repair, renewal or alteration required to remedy the defect identified above:</b> *PLEASE NOTE MECHANICAL HAND WINCH NOT OPERATIONAL & OUT OF SERVICE AS ABOVE			
<b>Particulars of any tests carried out as part of the examination: (if none state NONE)</b>  THOROUGH VISUAL LOLER EXAMINATION ONLY			
<b>IS THE EQUIPMENT SAFE TO OPERATE:</b>		YES NO <input checked="" type="checkbox"/> <input type="checkbox"/>	
<b>Name of Company Approved and Qualified Examiner making this report:</b>  D. TRANTER/ S.BRAY	<b>Name of Person Authenticating this report:</b>  Signature: D TRANTER	<b>Latest date by which next thorough examination must be carried out:</b>  19/02/2026	
<b>E.C. DECLARATION OF CONFORMITY ON FILE AVAILABLE UPON REQUEST</b>			
Name and address of employer of persons making and authenticating this report as per the header above			

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5 King Street, Quarry Bank, West Midlands, DY5 2DH

<b>REPORT OF THOROUGH EXAMINATION OF LIFTING EQUIPMENT</b> This report complies with the requirement of the Lifting Operations and the Lifting Equipment Regulation 1998			
DATE OF EXAMINATION:	19/02/2025	DATE OF REPORT:	20/02/2025
		REPORT No:	MPL0152E
<b>Address of employer for whom the thorough examination was made:</b>  STAGE BUS MUCKLOW HILL HALESOWEN B62 8EP		<b>Address of premises at which the examination was made:</b>  STAGE BUS MUCKLOW HILL HALESOWEN B62 8EP	
<b>Name:</b>			
<b>Description &amp; Identification of the Equipment</b>  1-OFF STAGE BUS 4.9M X 4.5M FITTED TO VEHICLE MCW METROBUS  I.D. NO: 001  REG NO: D920 NDA	<b>Safe Working Load(s)</b>  3000KG  EVENLY  DISTRIBUTED	<b>Date of Manufacture if Known</b>  N/K	<b>Date of Last Thorough Examination</b>  20/02/2024
YES    NO <input type="checkbox"/> <input type="checkbox"/>	Is this the first examination after the installation  Or after assembly at the new site or location  If the answer to above question is YES  Has the equipment been installed correctly		YES    NO <input type="checkbox"/> <input checked="" type="checkbox"/>
		Was the examination carried out:  Within an interval of 6 months Within an interval of 12 months In accordance with the examination Scheme After the occurrence of exceptional circumstances	
Identification of any part found to have a defect which is or could become a danger to persons and a description of the defect  NO 1 WINCH WIRE ROPE DAMAGED NO 2 DAMAGE TO FRONT FLOOR/SIDE SKIRT			
Is the above an existing or imminent danger to persons *NOTE- This is a reportable defect:			YES    NO <input type="checkbox"/> <input checked="" type="checkbox"/>
Is the above a defect which is not yet but could become a danger to persons: (if yes state the day)			YES BY: <input type="text"/> NO <input type="checkbox"/> <input checked="" type="checkbox"/>
<b>Particulars of any repair, renewal or alteration required to remedy the defect identified above:</b>  NO 1 REPLACE WINCH ROPE NO 2 REPLACE DAMAGED FLOOR  <b>Particulars of any tests carried out as part of the examination: (if none state NONE)</b> *RECOMMENDED TO BE INSPECTED ON A SIX MONTHLY BASIS THOROUGH VISUAL LOLER EXAMINATION ONLY			
<b>IS THE EQUIPMENT SAFE TO OPERATE:</b>			YES    NO <input checked="" type="checkbox"/> <input type="checkbox"/>
<b>Name of Company Approved and Qualified Examiner making this report:</b>  D. TRANTER/ S.BRAY	<b>Name of Person Authenticating this report:</b>  Signature: D TRANTER	<b>Latest date by which next thorough examination must be carried out:</b>  19/02/2026	
<b>E.C. DECLARATION OF CONFORMITY ON FILE AVAILABLE UPON REQUEST</b>			
Name and address of employer of persons making and authenticating this report as per the header above			

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5 King Street, Quarry Bank, West Midlands, DY5 2DH

<b>REPORT OF THOROUGH EXAMINATION OF LIFTING EQUIPMENT</b> This report complies with the requirement of the Lifting Operations and the Lifting Equipment Regulation 1998			
DATE OF EXAMINATION: 19/02/2025		DATE OF REPORT: 20/02/2025	
		REPORT No: MPL 0152F	
<b>Address of employer for whom the thorough examination was made:</b>  STAGE BUS MUCKLOW HILL HALESOWEN B62 8EP		<b>Address of premises at which the examination was made:</b>  STAGE BUS MUCKLOW HILL HALESOWEN B62 8EP	
<b>Name:</b>			
<b>Description &amp; Identification of the Equipment</b>  1-OFF STAGE BOX 4 6M X 4.M I.D. NO: 0012		<b>Safe Working Load(s)</b>  4000KG EVENLY DISTRIBUTED	<b>Date of Manufacture if Known</b>  2024
		<b>Date of Last Thorough Examination</b>  19-2-2024	
YES NO Is this the first examination after the installation <input type="checkbox"/> <input type="checkbox"/> Or after assembly at the new site or location <input type="checkbox"/> <input type="checkbox"/> If the answer to above question is YES Has the equipment been installed correctly <input type="checkbox"/> <input type="checkbox"/>		YES NO Was the examination carried out: Within an interval of 6 months <input type="checkbox"/> <input type="checkbox"/> Within an interval of 12 months <input checked="" type="checkbox"/> <input type="checkbox"/> In accordance with the examination Scheme After the occurrence of exceptional circumstances <input type="checkbox"/> <input type="checkbox"/>	
Identification of any part found to have a defect which is or could become a danger to persons and a description of the defect  NONE			
Is the above an existing or imminent danger to persons *NOTE- This is a reportable defect:		YES NO <input type="checkbox"/> <input checked="" type="checkbox"/>	
Is the above a defect which is not yet but could become a danger to persons: (if yes state the day)		YES BY: <input type="text"/> NO <input type="checkbox"/> <input checked="" type="checkbox"/>	
Particulars of any repair, renewal or alteration required to remedy the defect identified above:  NONE			
Particulars of any tests carried out as part of the examination: (if none state NONE) *RECOMMENDED TO BE INSPECTED ON A SIX MONTHLY BASIS THOROUGH VISUAL LOLER EXAMINATION ONLY			
<b>IS THE EQUIPMENT SAFE TO OPERATE:</b>		YES NO <input checked="" type="checkbox"/> <input type="checkbox"/>	
Name of Company Approved and Qualified Examiner making this report:  D. TRANTER/ S.BRAY	Name of Person Authenticating this report:  Signature: D TRANTER	Latest date by which next thorough examination must be carried out:  19-2-2026	
<b>E.C. DECLARATION OF CONFORMITY ON FILE AVAILABLE UPON REQUEST</b>			
Name and address of employer of persons making and authenticating this report as per the header above			

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5 King Street, Quarry Bank, West Midlands, DY5 2DH

<b>REPORT OF THOROUGH EXAMINATION OF LIFTING EQUIPMENT</b> This report complies with the requirement of the Lifting Operations and the Lifting Equipment Regulation 1998			
DATE OF EXAMINATION: 19/02/2025		DATE OF REPORT: 20/02/2025	
		REPORT No: MPL0152G	
<b>Address of employer for whom the thorough examination was made:</b>  STAGE BUS MUCKLOW HILL HALESOWEN B62 8EP		<b>Address of premises at which the examination was made:</b>  STAGE BUS MUCKLOW HILL HALESOWEN B62 8EP	
<b>Name:</b>			
<b>Description &amp; Identification of the Equipment</b>  1-OFF SNAIL STAGE D.J. DECK PLATFORM I.D. NO: 006 REG NO: B38 DOG		<b>Safe Working Load(s)</b>  100KG	<b>Date of Manufacture if Known</b>  N/K
		<b>Date of Last Thorough Examination</b>  19-2-2024	
YES NO		YES NO	
Is this the first examination after the installation		Was the examination carried out:	
Or after assembly at the new site or location <input type="checkbox"/> <input type="checkbox"/>		Within an interval of 6 months <input type="checkbox"/>	
If the answer to above question is YES		Within an interval of 12 months <input checked="" type="checkbox"/>	
		In accordance with the examination Scheme <input type="checkbox"/>	
Has the equipment been installed correctly <input type="checkbox"/> <input type="checkbox"/>		After the occurrence of exceptional circumstances <input type="checkbox"/>	
Identification of any part found to have a defect which is or could become a danger to persons and a description of the defect  NONE			
Is the above an existing or imminent danger to persons <b>*NOTE-</b> This is a reportable defect:		YES	NO
		<input type="checkbox"/>	<input checked="" type="checkbox"/>
Is the above a defect which is not yet but could become a danger to persons: (if yes state the day)		YES BY:	NO
			<input checked="" type="checkbox"/>
<b>Particulars of any repair, renewal or alteration required to remedy the defect identified above:</b>  NONE			
<b>Particulars of any tests carried out as part of the examination: (if none state NONE)</b>  THOROUGH VISUAL LOLER EXAMINATION ONLY			
<b>IS THE EQUIPMENT SAFE TO OPERATE:</b>		YES	NO
		<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>Name of Company Approved and Qualified Examiner making this report:</b>  D. TRANTER/ S.BRAY	<b>Name of Person Authenticating this report:</b>  Signature: D TRANTER	<b>Latest date by which next thorough examination must be carried out:</b>  19/02/2026	
<b>E.C. DECLARATION OF CONFORMITY ON FILE AVAILABLE UPON REQUEST</b>			
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5 King Street, Quarry Bank, West Midlands, DY5 2DH

<b>REPORT OF THOROUGH EXAMINATION OF LIFTING EQUIPMENT</b> This report complies with the requirement of the Lifting Operations and the Lifting Equipment Regulation 1998			
DATE OF EXAMINATION: 19/02/2025		DATE OF REPORT: 20/02/2025	
		REPORT No: MPL 0152J	
<b>Address of employer for whom the thorough examination was made:</b>  STAGE BUS MUCKLOW HILL HALESOWEN B62 8EP		<b>Address of premises at which the examination was made:</b>  STAGE BUS MUCKLOW HILL HALESOWEN B62 8EP	
<b>Name:</b>			
<b>Description &amp; Identification of the Equipment</b>  1-OFF STAGE BOX  6M X 4.5M  I.D. NO: 011		<b>Safe Working Load(s)</b>  4000KG  EVENLY  DISTRIBUTED	<b>Date of Manufacture if Known</b>  2021
		<b>Date of Last Thorough Examination</b>  19-2-2024	
YES NO Is this the first examination after the installation <input type="checkbox"/> <input type="checkbox"/> Or after assembly at the new site or location <input type="checkbox"/> <input type="checkbox"/> If the answer to above question is YES Has the equipment been installed correctly <input type="checkbox"/> <input type="checkbox"/>		YES NO Was the examination carried out: Within an interval of 6 months <input type="checkbox"/> <input type="checkbox"/> Within an interval of 12 months <input checked="" type="checkbox"/> <input type="checkbox"/> In accordance with the examination Scheme After the occurrence of exceptional circumstances <input type="checkbox"/> <input type="checkbox"/>	
Identification of any part found to have a defect which is or could become a danger to persons and a description of the defect  NONE			
Is the above an existing or imminent danger to persons *NOTE- This is a reportable defect:		YES NO <input type="checkbox"/> <input checked="" type="checkbox"/>	
Is the above a defect which is not yet but could become a danger to persons: (if yes state the day)		YES BY: <input type="text"/> NO <input type="checkbox"/> <input checked="" type="checkbox"/>	
Particulars of any repair, renewal or alteration required to remedy the defect identified above:  NONE			
Particulars of any tests carried out as part of the examination: (if none state NONE) *RECOMMENDED TO BE INSPECTED ON A SIX MONTHLY BASIS THOROUGH VISUAL LOLER EXAMINATION ONLY			
<b>IS THE EQUIPMENT SAFE TO OPERATE:</b>		YES NO <input checked="" type="checkbox"/> <input type="checkbox"/>	
Name of Company Approved and Qualified Examiner making this report:  D. TRANTER/ S.BRAY	Name of Person Authenticating this report:  Signature: D TRANTER	Latest date by which next thorough examination must be carried out:  19/02/2026	
<b>E.C. DECLARATION OF CONFORMITY ON FILE AVAILABLE UPON REQUEST</b>			
Name and address of employer of persons making and authenticating this report as per the header above			

# MIDLAND PLANT/LIFTING INSPECTIONS LTD

5 King Street, Quarry Bank, West Midlands, DY5 2DH

<b>REPORT OF THOROUGH EXAMINATION OF LIFTING EQUIPMENT</b> This report complies with the requirement of the Lifting Operations and the Lifting Equipment Regulation 1998			
DATE OF EXAMINATION: 19/02/2025		DATE OF REPORT: 20/02/2025	
		REPORT No: MPL 0152	
<b>Address of employer for whom the thorough examination was made:</b>  STAGE BUS MUCKLOW HILL HALESOWEN B62 8EP		<b>Address of premises at which the examination was made:</b>  STAGE BUS MUCKLOW HILL HALESOWEN B62 8EP	
<b>Name:</b>			
<b>Description &amp; Identification of the Equipment</b>  1-OFF STAGE BOX 6M X 4.5M I.D. NO: 008  BOX 2		<b>Safe Working Load(s)</b>  4000KG  EVENLY  DISTRIBUTED	<b>Date of Manufacture if Known</b>  2020
		<b>Date of Last Thorough Examination</b>  19-2-2024	
YES NO Is this the first examination after the installation <input type="checkbox"/> <input type="checkbox"/> Or after assembly at the new site or location <input type="checkbox"/> <input type="checkbox"/> If the answer to above question is YES <input type="checkbox"/> <input type="checkbox"/> Has the equipment been installed correctly <input type="checkbox"/> <input type="checkbox"/>		YES NO Was the examination carried out: Within an interval of 6 months <input type="checkbox"/> <input type="checkbox"/> Within an interval of 12 months <input checked="" type="checkbox"/> <input type="checkbox"/> In accordance with the examination Scheme <input type="checkbox"/> <input type="checkbox"/> After the occurrence of exceptional circumstances <input type="checkbox"/> <input type="checkbox"/>	
Identification of any part found to have a defect which is or could become a danger to persons and a description of the defect  NONE			
Is the above an existing or imminent danger to persons *NOTE- This is a reportable defect:		YES NO <input type="checkbox"/> <input checked="" type="checkbox"/>	
Is the above a defect which is not yet but could become a danger to persons: (if yes state the day)		YES BY: <input type="text"/> NO <input type="checkbox"/> <input checked="" type="checkbox"/>	
Particulars of any repair, renewal or alteration required to remedy the defect identified above:  NONE			
Particulars of any tests carried out as part of the examination: (if none state NONE) *RECOMMENDED TO BE INSPECTED ON A SIX MONTHLY BASIS THOROUGH VISUAL LOLER EXAMINATION ONLY			
<b>IS THE EQUIPMENT SAFE TO OPERATE:</b>		YES NO <input checked="" type="checkbox"/> <input type="checkbox"/>	
Name of Company Approved and Qualified Examiner making this report:  D. TRANTER/ S.BRAY	Name of Person Authenticating this report:  Signature: D TRANTER	Latest date by which next thorough examination must be carried out:  19/02/2026	
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Name and address of employer of persons making and authenticating this report as per the header above			

# MIDLAND PLANT/LIFTING INSPECTIONS LTD

52 Birch Road East, Witton Birmingham B6 7DB, Tel.. 0121 327 2233 Fax..0121 327 0299

<b>REPORT OF THOROUGH EXAMINATION OF LIFTING EQUIPMENT</b> This report complies with the requirement of the Lifting Operations and the Lifting Equipment Regulation 1998			
DATE OF EXAMINATION: 19/02/2025		DATE OF REPORT: 20/02/2025	
		REPORT No: MPL 0152A	
<b>Address of employer for whom the thorough examination was made:</b>  STAGE BUS MUCKLOW HILL HALESOWEN B62 8EP		<b>Address of premises at which the examination was made:</b>  STAGE BUS MUCKLOW HILL HALESOWEN B62 8EP	
<b>Name:</b>			
<b>Description &amp; Identification of the Equipment</b>  1-OFF M-STAGE 6.8M X 3.7M FITTED TO VEHICLE MERC 814  I.D. NO: 005  REG NO: L678 GNA		<b>Safe Working Load(s)</b>  3000KG  EVENLY  DISTRIBUTED	<b>Date of Manufacture if Known</b>  N/K
		<b>Date of Last Thorough Examination</b>  19-2-2024	
YES NO Is this the first examination after the installation <input type="checkbox"/> <input checked="" type="checkbox"/>		YES NO Was the examination carried out:	
Or after assembly at the new site or location <input type="checkbox"/> <input checked="" type="checkbox"/>		Within an interval of 6 months <input type="checkbox"/> <input type="checkbox"/>	
If the answer to above question is YES <input type="checkbox"/> <input type="checkbox"/>		Within an interval of 12 months <input checked="" type="checkbox"/> <input type="checkbox"/>	
Has the equipment been installed correctly <input type="checkbox"/> <input type="checkbox"/>		In accordance with the examination Scheme <input type="checkbox"/> <input type="checkbox"/>	
		After the occurrence of exceptional circumstances <input type="checkbox"/> <input type="checkbox"/>	
Identification of any part found to have a defect which is or could become a danger to persons and a description of the defect  WIRE ROPE DAMAGED, RECOMMENDED TO BE REPLACED			
Is the above an existing or imminent danger to persons *NOTE- This is a reportable defect:		YES NO <input type="checkbox"/> <input checked="" type="checkbox"/>	
Is the above a defect which is not yet but could become a danger to persons: (if yes state the day)		YES BY: <input type="text"/> NO <input type="checkbox"/> <input checked="" type="checkbox"/>	
<b>Particulars of any repair, renewal or alteration required to remedy the defect identified above:</b>  AS ABOVE			
<b>Particulars of any tests carried out as part of the examination: (if none state NONE)</b> *RECOMMENDED TO BE INSPECTED ON A SIX MONTHLY BASIS THOROUGH VISUAL LOLER EXAMINATION ONLY			
<b>IS THE EQUIPMENT SAFE TO OPERATE:</b>		YES NO <input checked="" type="checkbox"/> <input type="checkbox"/>	
<b>Name of Company Approved and Qualified Examiner making this report:</b>  D. TRANTER	<b>Name of Person Authenticating this report:</b>  Signature: D TRANTER	<b>Latest date by which next thorough examination must be carried out:</b>  19-2-2026	
<b>E.C. DECLARATION OF CONFORMITY ON FILE AVAILABLE UPON REQUEST</b>			
Name and address of employer of persons making and authenticating this report as per the header above			



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52 Birch Road East, Witton Birmingham B6 7DB, Tel.. 0121 327 2233 Fax..0121 327 0299

<b>REPORT OF THOROUGH EXAMINATION OF LIFTING EQUIPMENT</b> This report complies with the requirement of the Lifting Operations and the Lifting Equipment Regulation 1998			
DATE OF EXAMINATION: 19/02/2025		DATE OF REPORT: 20/02/2025	
		REPORT No: MPL 0152A	
<b>Address of employer for whom the thorough examination was made:</b>  STAGE BUS MUCKLOW HILL HALESOWEN B62 8EP		<b>Address of premises at which the examination was made:</b>  STAGE BUS MUCKLOW HILL HALESOWEN B62 8EP	
<b>Name:</b>			
<b>Description &amp; Identification of the Equipment</b>  1-OFF M-STAGE 6.8M X 3.7M FITTED TO VEHICLE MERC 814  I.D. NO: 005  REG NO: L678 GNA		<b>Safe Working Load(s)</b>  3000KG  EVENLY  DISTRIBUTED	<b>Date of Manufacture if Known</b>  N/K
		<b>Date of Last Thorough Examination</b>  19-2-2024	
YES NO Is this the first examination after the installation <input type="checkbox"/> <input checked="" type="checkbox"/>		YES NO Was the examination carried out:	
Or after assembly at the new site or location <input type="checkbox"/> <input checked="" type="checkbox"/>		Within an interval of 6 months <input type="checkbox"/> <input type="checkbox"/>	
If the answer to above question is YES		Within an interval of 12 months <input checked="" type="checkbox"/> <input type="checkbox"/>	
Has the equipment been installed correctly <input type="checkbox"/> <input type="checkbox"/>		In accordance with the examination Scheme <input type="checkbox"/> <input type="checkbox"/>	
		After the occurrence of exceptional circumstances <input type="checkbox"/> <input type="checkbox"/>	
Identification of any part found to have a defect which is or could become a danger to persons and a description of the defect  WIRE ROPE DAMAGED, RECOMMENDED TO BE REPLACED			
Is the above an existing or imminent danger to persons *NOTE- This is a reportable defect:		YES NO <input type="checkbox"/> <input checked="" type="checkbox"/>	
Is the above a defect which is not yet but could become a danger to persons: (if yes state the day)		YES BY: <input type="text"/> NO <input type="checkbox"/> <input checked="" type="checkbox"/>	
<b>Particulars of any repair, renewal or alteration required to remedy the defect identified above:</b>  AS ABOVE			
<b>Particulars of any tests carried out as part of the examination: (if none state NONE)</b> *RECOMMENDED TO BE INSPECTED ON A SIX MONTHLY BASIS THOROUGH VISUAL LOLER EXAMINATION ONLY			
<b>IS THE EQUIPMENT SAFE TO OPERATE:</b>		YES NO <input checked="" type="checkbox"/> <input type="checkbox"/>	
<b>Name of Company Approved and Qualified Examiner making this report:</b>  D. TRANTER	<b>Name of Person Authenticating this report:</b>  Signature: D TRANTER	<b>Latest date by which next thorough examination must be carried out:</b>  19-2-2026	
<b>E.C. DECLARATION OF CONFORMITY ON FILE AVAILABLE UPON REQUEST</b>			
Name and address of employer of persons making and authenticating this report as per the header above			